



## Schools and Libraries Division

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Jan 30, 2012

Michelle Harken  
WEST CONTRA COSTA UN SCH DIST  
Telephone:  
Application Number

(209) 8340556  
792679

### Response Due Date: February 7, 2012

You were recently sent a written request for additional information needed by the Program Integrity Assurance (PIA) team to review your Funding Year 2011 Form 471 application to ensure that it is in compliance with the rules of the Universal Service program. This is a reminder that the response due date is approaching. To date, none of the requested information has been received. The information needed to complete the review is listed below.

#### I. Maintenance FRN 2188011

On your original FY2011 Form 471# 792679, you indicated that Form 470 # 224970000781747 is the Form 470 that established the 28-day competitive bidding process for the products or service requested in FRN 2188011.

This FRN is a request for products or services from more than one category of service (we refer to this as a mixed funding request"). This FRN is requesting **Telecommunication Services and Basic Maintenance of Internal Connections**, but the referenced Form 470 did not post for **Basic Maintenance of Internal Connections**. This is a violation of the competitive bidding requirements of the Program. **As we've indicated in our previous PIA responses, these services cannot be considered Basic Maintenance of Internal Connection based on the fact that the equipment is not or will not ever be owned by the applicant. Our 6/1/2011 response also included the Tennessee Test questions which supports this.**

**Attached is a diagram that demonstrates how this equipment functions in the applicant's network. West Contra Costa USD E-Rate v1. Since we seem to be going back and forth on the eligibility of maintenance costs of provider owned equipment as part of a priority 1 on premise bundle, I emailed Eric Flock who oversees the eligible services hoping he can clarify this for us. Unless you have other information that would resolve this can we wait a week to hear back from Eric?**

The establishing Form 470 is the specific Form 470, which was posted for that particular service for at least 28 days, and pursuant to which a contract was signed or an agreement for services was entered into with a service provider for that service. For a request in the Basic Maintenance of Internal connections (BMIC) service category that was filed prior to May 1, 2005, it is possible that the establishing 470 was filed under the Internal Connections service category (prior to May

1, 2005 the BMIC service category did not exist on the Form 470). The establishing Form 470 could have been posted by the State, if the requested services are being purchased off of a State Master Contract.

Please verify if the referenced Form 470 is the establishing Form 470 for the multiple service categories listed above. Is this the establishing Form 470? \_\_\_\_\_ **Yes** or \_\_\_\_\_ **No**.

If **No**, please provide the 15-digit Form 470 Number that did establish the competitive bidding process for the products or services requested in the above-referenced FRN. If the multiple service categories were posted on different Forms 470, please provide all of the 15-digit Form 470 Numbers that established the competitive bidding process for the respective services.

If **Yes**, the charges associated with products or services not posted on your Form 470 must be identified and removed from the above-referenced FRN. These product(s) or service(s) will then be placed in a new FRN (we refer to this process as “splitting an FRN”).

Based on our review of your Form 471, we have determined that the following products or services were not posted for on your referenced Form 470:

**Maintenance for Priority 1 One-Premise Equipment Basic**  
**Maintenance of Internal Connections \$43,907.05/mo.**

In order to assist us in creating the FRN that will be used to remove the charges associated with the products or services not posted for on your Form 470, you must provide us with the information for the new FRN.

- Modify the current information found in Block 5 of your Form 471 by reducing it in order to remove the ineligible costs.
- Provide the Block 5 information for the original FRN (pre and post-split FRN). The post-split FRN will be a request for the amount of the original FRN with the ineligible cost removed.
- Complete Block 5 for the new FRN using the form below. The new FRN will be a request for the cost associated with the un-posted service. This FRN will then be denied because it represents the cost associated with service. not posted on your Form 470.

You may provide this information by sending a copy of the original FRN and two (or more) completed Form 471, Block 5's filled out showing the information for the FRNs as you wish them to be after the split is completed. Please complete the blank Form 471, Block 5 below. For additional instructions to fill out your Block 5 refer to Form 471 filing instructions at <http://www.usac.org/sl/tools/required-forms.aspx>.

If you do not agree with our assessment that this FRN is a mix of different categories of services, you must provide additional third party documentation (e.g., vendor bills, contract, service

agreement, etc.) supporting your position. Please keep in mind that your supporting documentation should be the documentation or data used to prepare your Form 471 application. Examples of supporting documentation are contracts, vendor quotes, vendor bills, invoices, etc.

<b>Entity Number</b> _____ <b>Applicant's Form Identifier</b> _____ _____			
<b>Contact Person</b> _____ <b>Phone Number</b> _____ _____			
<b>Block 5: Discount Funding Request(s)</b>  <b>Instructions:</b> Use one Block 5 page for EACH service (Funding Request Number) <b>Block 5, page ___ of ___</b> which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.			
<div style="display: flex; align-items: center;"> <div style="width: 40px; text-align: center; font-weight: bold;">10</div> <div style="flex-grow: 1;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:         </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 40px; text-align: center; font-weight: bold;">11</div> <div style="flex-grow: 1;"> <b>Category of Service</b> (only ONE category should be checked)   <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> <b>PRIORITY 1</b>             Telecommunications Service         </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> Internet Access         </div> </div> <div style="width: 45%; text-align: right;"> <b>PRIORITY 2</b>   <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> Internal Connections Other than Basic Maintenance         </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 15px; margin-right: 5px;" type="checkbox"/> Basic Maintenance of Internal Connections         </div> </div> </div> </div> </div>	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">23 Calculations</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">Recurring Charges</td> <td style="padding: 5px;"> <b>A. Monthly charges</b> (total amount per month for service)         </td> </tr> </table>	Recurring Charges	<b>A. Monthly charges</b> (total amount per month for service)
Recurring Charges	<b>A. Monthly charges</b> (total amount per month for service)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40px; text-align: center; font-weight: bold;">12</div> <div>Form 470 Application Number</div> </div>			

			<b>B.</b> How much of the amount in A is ineligible?
<b>13</b>	<b>SPIN – Service Provider Identification Number</b>		<b>C.</b> Eligible monthly pre-discount amount (A minus B)
<b>14</b>	<b>Service Provider Name</b>		<b>D.</b> Number of months service provided in funding year
			<b>E.</b> Annual pre-discount amount for eligible recurring charges (C x D)
<b>15a</b>	<input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	<b>Non-Recurring Charges</b>	<b>F.</b> Annual non-recurring charges
<b>15b</b>	<b>Contract Number</b>		
<b>15c</b>	<input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		<b>G.</b> How much of the amount in F is ineligible?
<b>15d</b>	<input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>		

<div> <div></div> <div> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. </div> </div>		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
<div> <div> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) </div> <div> 17 </div> <div> (based on Form 470 filing) </div> </div>		
<div> <div> Contract Award Date (mm/dd/yyyy) </div> <div> 18 </div> </div>	Total Charges	I. Total funding year pre-discount amount (E + H)
<div> <div> Service Start Date (mm/dd/yyyy) </div> <div> 19 </div> </div>		J. Discount from Block 4 Worksheet
<div> <div> Service End Date (mm/dd/yyyy) </div> <div> 20a </div> </div>		K. Funding Commitment Request (I x J)
<div> <div> Contract Expiration Date (mm/dd/yyyy) </div> <div> 20b </div> </div>		
<div> <div> 21 </div> <div> Description of This Service: </div> <div> Attachment </div> </div>		
<div> <div> 22 </div> <div> Entity/Entities Receiving This Service: </div> <div> <div> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: </div> <div> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): </div> </div> </div>		

It is important that we receive all of the information requested so the PIA team can complete its review. Please fax or email the requested information to my attention. If you have any questions, do not understand what we are requesting, or feel that you have already responded, please feel free to contact me.

**If we do not receive the requested information by February 7, 2012, your application(s) will be reviewed using the information currently on file. Failure to respond may result in a reduction or denial of funding.**

Should you wish to cancel your Form 471 application, or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s); along with the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

A copy of this correspondence is being forwarded to your State E-Rate Coordinator for informational purposes only.

Thank you for your cooperation and continued support of the Universal Service Program.

**Carla Yates**

**Associate Manager, PIA Reviewer**

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# West Contra Costa Unified School District

